



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

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18th December 2019

Deputy Peter Burke
Dail Eireann,
Leinster House,
Kildare Street,
Dublin 2.
e-mail: peter.burke@oireachtas.ie

Dear Deputy Burke,

The Health Service Executive has been requested to reply directly to you in the context of the following parliamentary question, which was submitted to this department for response.

PQ 50945/19

To ask the Minister for Health his plans to reduce waiting lists for disability supports for children; his further plans for increased capacity for residential support for persons with intellectual disabilities; his plans for increased capacity for respite due to the unmet demand; and if he will make a statement on the matter.

HSE Response

Waiting Lists for Therapeutic Interventions

The HSE is aware of the numbers of children and adults waiting for therapy services and is fully cognisant of the stress this can cause to families. While waiting lists are collated nationally for individual therapy services such as Speech and Language, Physiotherapy and Occupational Therapy, the numbers of children waiting for therapeutic intervention are not combined into one National Early Intervention waiting list. One of the key priorities for the HSE is to improve waiting times for therapy services by implementing a revised model of care for children's Speech and Language Therapy services and Psychology services and develop new models for Physiotherapy and Occupational Therapy services.

In addition to the significant numbers of additional posts allocated to Primary Care and to Social Care under the Progressing Children's Disabilities Programme in recent years (see further details below), the HSE is committed to using innovative approaches, involving public, voluntary and private providers, to achieving a targeted reduction in therapy waiting lists.

The HSE is fully committed to working in partnership with service providers to achieve maximum benefits for children with complex needs, and aims to ensure that resources available are used in the most effective manner possible.

Reform of Children's Disability Services - Progressing Disability Services Policy

In terms of the structure of network teams providing services to children with complex disability needs, HSE is rolling out the Progressing Disability Services for Children and Young People (PDS) Programme, which requires a reconfiguration of all current HSE and HSE funded children's disability

services into geographically-based Children's Disability Network Teams (Early-Intervention and School-aged or 0-18 Teams). This Programme aims to achieve a national equitable approach in service provision for all children based on their individual need and regardless of their disability, where they live or where they go to school. Based on the recommendations of the Report of the National Reference Group on Multidisciplinary Services for Children aged 5-18 Years (2009), its objectives are:

- ✓ One clear pathway to services providing equity of access for all children with disabilities, according to their need.
- ✓ Effective teams working with partnership with parents and Education to support children in achieving their potential.
- ✓ Available resources used to the optimum benefit for children and their families.

PDS is doing this by forming partnerships between all the disability organisations in an area and pooling their staff with expertise in the different types of disabilities to form local Children's Disability Network Teams (CDNTs) who will provide for all children with significant disability, regardless of what their disability is.

In tandem with Health service reform which seeks to have Health and Social Care "Networks" in place, the HSE is establishing a total of 96 Children's Disability Networks across each of the nine CHOs and comprised of Specialist Multi- Disciplinary Teams to work with complex disability needs. Each Network will have a Children's Disability Network Manager with specialist expertise in providing Children's disability clinical services. The appointment of these Network Managers can now proceed following the recent Labour Court ruling with regard to same.

Additional Therapy Resources for Children's Disability Services

NSP 2019 has provided for an additional 100 new therapy posts to be implemented by end 2019 with new development funding of €2.5m granted via NSP 2019 and with a full year investment cost rising to €6m in 2020.

This welcome new resource will result in additional new therapy posts ranging from Speech and Language Therapy, OT, Physio, Social Work, Psychology, Dietitians and Allied Health Professional Assistants. This new resource will impact on both assessment of need as well as support interventions for children with complex disability concerns.

The 100 new therapy grade posts have been allocated with discipline, grade and location now assigned in each case. Formal approval was received from Strategy and Planning on 17/5/2019 and confirmation to proceed with recruitment was sent from Community Operations to NRS on 15/07/2019. This was required to generate permissions for each CHO to progress recruitment. CHO areas are currently progressing recruitment in partnership with HBS Recruit and non-statutory employers. 99 of these posts are currently in place with a January start date agreed for the remaining post.

The above should be considered in light of previous investment secured by the HSE for therapeutic services which has been invested in the Progressing Disability Services for Children and Young People (0-18s) Programme (PDS). Since 2014, the roll out of the PDS has entailed targeted investment of €14m and the provision of 275 additional therapy staff, to increase services for children with all disabilities.

National Policy on Access to Services for Children with a Disability or Developmental Delay

National HSE Disability and Primary Care are working together collaboratively with Community Health Organisations via their Chief Officers to support implementation of the HSE's National Policy on Access to Services for Children with a Disability or Developmental Delay. This policy will provide a single point of entry, signposting parents and referrers to the most appropriate service (Primary Care for non-complex functional difficulties and Children's Disability Network Teams for complex functional difficulties).

It is expected that the re-configuration of services under Progressing Disability Services for Children and Young People (0-18s) Programme will have a significant impact on our ability to meet the needs

of children and young people in a more efficient, effective and equitable manner and, in particular, on our ability to comply with the statutory time-frames set out in the Disability Act.

Residential and Respite Supports

The need for increased residential and respite facilities is acknowledged and the HSE continues to work with agencies to explore various ways of responding to this need in line with the budget available. A significant underlying challenge relates to the latent unmet need for residential and respite care, which exists in our services as a result of the absence of multi-annual investment during the economic downturn. At the same time, our national database figures indicate an annual requirement of 400 residential places per year to meet identified needs. As a result of this we are now experiencing a high annual demand for emergency residential places to respond to the most urgent cases on our waiting list.

In recognising the service pressures and capacity issues in the sector, for 2019, each CHO and all providers of residential services are required to implement measures to maximise to the greatest possible extent, the use of existing residential capacity and improve overall value for money in this sector. A range of control measures have been implemented at CHO level over the past two years to ensure that all service providers at local level prioritise the placement of the most urgent cases. In addition, in order to achieve this objective, the HSE has established an improvement programme involving the establishment of a dedicated team at national level with responsibility for co-ordination and oversight of all residential places.

The provision of residential respite services has come under increasing pressure in the past couple of years due to a number of impacting factors such as,

- an increase in the number of children and adults who are seeking access to respite as a reflection of general population increase;
- increasing levels of complexity across the sector due to better and improved health care;
- an increase in the age of people with a disability resulting in people presenting with “changing needs”.

In addition, a significant number of respite beds have been utilised for long term residential placements due to the presenting complexity of the individual with a disability and also due to home circumstances, therefore, the numbers of people with disabilities in receipt of residential respite services and the corresponding number of respite nights has reduced when compared to previous activity.

A further impact to the delivery of respite has been in response to the regulation of service provision as set by the Health Information and Quality Authority regulatory and policy context. HIQA has established and set the way in which residential/respite services is provided requiring the Agencies comply with regulatory standards in order to meet regulation. Standards specify a requirement for personal and appropriate space impacting on the capacity and Statement of Purpose for a Designated Centre. This has had a direct impact on capacity where respite beds are no longer allowed within a residential setting e.g. vacated by residents who go home at weekends or for holidays, can no longer be used for respite. Implementation of the national policy on congregated settings (Time to Move on from Congregated Settings Policy) is also affecting capacity.

2020 Developments

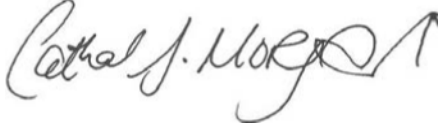
In accordance with the National Service Plan 2020, the HSE will provide high quality residential and respite care to persons with disabilities and their families, including:

- The provision of 8,358 residential places
- The provision of an additional 56 new emergency residential placements
- The provision of eight appropriate residential places for people currently living in respite care as an emergency response to their needs, while also freeing up the vacated respite accommodation for future use
- The provision of 144 intensive transitional support packages for children and young people with complex / high support needs focusing on families experiencing substantial levels of

support need, but who do not require a high cost long term placement. Specifically, this new development initiative is the pre-crisis intervention stage and will include:

- intensive in-home visiting supports
- planned residential respite interventions
- specialist behavioural support interventions
- access to planned extended day / weekend and summer day based activities
- The provision of 33,712 day only respite sessions and 166,183 nights (with or without day respite) to people with disabilities.

Yours sincerely,

A handwritten signature in dark ink, appearing to read 'Cathal J. Morgan', with a stylized flourish at the end.

**Dr. Cathal Morgan,
Head of Operations - Disability Services,
Community Operations**